

Fill in this information to identify the case:

Debtor Greylock Capital Associates, LLC

United States Bankruptcy Court for the: Southern District of New York
(State)

Case number 21-22063
(If known)

☒ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim**Priority amount**

\$ _____

2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Eze Castle Integration</u> <u>100 High Street, 16th Floor</u> <u>Boston, MA 02110</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>L 0 0 1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 26,340.06
3.2	Nonpriority creditor's name and mailing address <u>Eze Castle Software LLC</u> <u>12 Farnsworth Street, 6th Floor</u> <u>Boston, MA 02110</u> Date or dates debt was incurred <u>10/01/2020-01/31/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 36,000.00
3.3	Nonpriority creditor's name and mailing address <u>Indus Valley Partners Corporation</u> <u>1350 Broadway, Suite 601</u> <u>New York, NY 10018</u> Date or dates debt was incurred <u>08/01/2020-01/31/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 17,802.87
3.4	Nonpriority creditor's name and mailing address <u>John Maguire</u> <u>40 Central Park South, Apt. 7F</u> <u>New York, NY 10019</u> Date or dates debt was incurred <u>12/31/2018; 12/31/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 200,000.00
3.5	Nonpriority creditor's name and mailing address <u>LTS Management, LLC</u> <u>1011 Avenue of the Americas, 4th Floor</u> <u>New York, NY 10018</u> Date or dates debt was incurred <u>01/27/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 12,270.00
3.6	Nonpriority creditor's name and mailing address <u>NYC Department of Finance</u> <u>59 Maiden Lane, 19th Floor</u> <u>New York, NY 10038-4502</u> Date or dates debt was incurred <u>09/01/2020-11/30/2020</u> Last 4 digits of account number <u>7 0 0 2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 9,077.25

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Hudson Fiber Network 12 North State Route 17, Suite 120 Paramus, NJ 07652 Date or dates debt was incurred 01/29/2021 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Monthly charge under terminated contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,160.00
3.8	Nonpriority creditor's name and mailing address PriceWaterhouseCoopers LLP P.O. Box 7247-8001 Philadelphia, PA 19170-8001 Date or dates debt was incurred 09/01/2020-01/31/2021 Last 4 digits of account number 5 3 3 7	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 44,820.00
3.	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	Line ____ <input checked="" type="checkbox"/> Not listed. Explain For notice only	__ __ __ __
4.2. NYC Department of Finance Office of Legal Affairs 375 Pearl Street, 30th Floor, New York, NY 10038	Line 3.6 <input type="checkbox"/> Not listed. Explain	7 0 0 2
4.3. NYS Department of Taxation and Finance Bankruptcy Unit - TCD, Building 8, Room 455 W.A. Harriman State Campus, Albany, NY 12227	Line ____ <input checked="" type="checkbox"/> Not listed. Explain For notice only	__ __ __ __
4.4. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __
4.1. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __
4.5. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __
4.6. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __
4.7. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __
4.8. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __
4.9. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __
4.10. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __
4.11. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain	__ __ __ __

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1	5a.	\$ 0.00
5b. Total claims from Part 2	5b. +	\$ 347,470.18
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 347,470.18

Fill in this information to identify the case and this filing:

Debtor Name Greylock Capital Associates, LLC
United States Bankruptcy Court for the: Southern District of New York
(State)
Case number (If known): 21-22063

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/02/2021
MM / DD / YYYY

X

/s/ David Steltzer

Signature of individual signing on behalf of debtor

David Steltzer
Printed name

Chief Financial Officer
Position or relationship to debtor